

2001 HIV/AIDS Provider Survey

The HIV/AIDS Planning Council wants to find out what the care service needs are for people living with HIV/AIDS in King County. This information will influence funding decisions that directly affect your clients.

Please take a few minutes to fill out this survey.
Your input does matter!

**ALL RESPONSES ARE STRICTLY ANONYMOUS.
PLEASE DO NOT SIGN YOUR NAME
ANYWHERE ON THE SURVEY FORM.**

Please return this survey by December 22, 2000

*HIV/AIDS Planning Council
(206) 296-4527
TTY: (206) 205-5553*

PART 1: TELL US ABOUT THE CLIENTS THAT YOU SERVE

What type of service do you *primarily* provide to your HIV/AIDS clients? (Check one)

<input type="checkbox"/>	Western medical care (MD/nurse)	<input type="checkbox"/>	Support services (food bank, transportation, volunteer home chore, etc.)
<input type="checkbox"/>	Alternative, non-Western therapies	<input type="checkbox"/>	Dental care
<input type="checkbox"/>	Case management	<input type="checkbox"/>	Substance use treatment/counseling
<input type="checkbox"/>	Housing assistance and/or services	<input type="checkbox"/>	Skilled nursing/hospice care
<input type="checkbox"/>	Mental health therapy/counseling	<input type="checkbox"/>	Adult day health program
<input type="checkbox"/>	Emotional support programs	<input type="checkbox"/>	Other: _____

What is the total number of clients with HIV/AIDS on your active caseload? (You can estimate if you're not sure about the actual number.)

Of your **total HIV+ caseload**, what number (i.e., how many - **NOT** what percentage) fall into each of the following demographic categories? (Again, you can estimate if you're not sure.)

SEX

<input type="checkbox"/>	Male	<input type="checkbox"/>	Transgendered (M-to-F)
<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgendered (F-to-M)

AGE

<input type="checkbox"/>	Under 13 years of age	<input type="checkbox"/>	25 – 29
<input type="checkbox"/>	13 – 19	<input type="checkbox"/>	30 – 39
<input type="checkbox"/>	20 – 24	<input type="checkbox"/>	40 years old and over

RESIDENCE (NOTE: Report homeless clients under the area in which you serve them)

<input type="checkbox"/>	Seattle	<input type="checkbox"/>	South King County
<input type="checkbox"/>	East King County	<input type="checkbox"/>	Outside King County

PART 4: WHAT SERVICES HELP YOUR CLIENTS GET OR KEEP MEDICAL CARE?

A lot more attention is being paid these days to helping people with HIV or AIDS get and keep the medical care they need.

Of the services listed below, which do you think are the most important in helping your clients get medical care or keep the medical care they are currently using?

**You may check up to SEVEN (7) of the services listed below.
(Please don't check more than seven).**

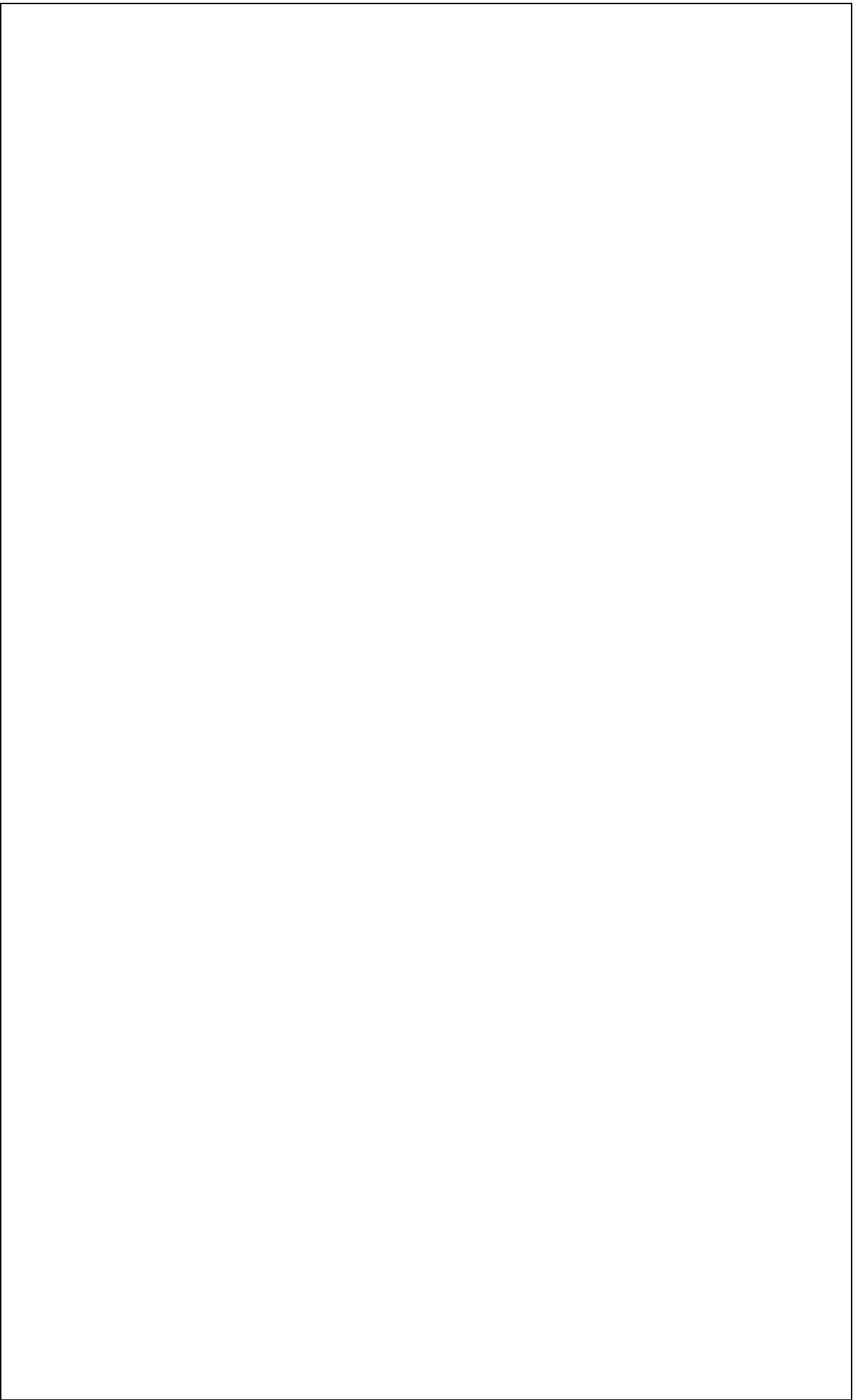
<input type="checkbox"/>	Acupuncture or Chinese medicine	<input type="checkbox"/>	Hospice care
<input type="checkbox"/>	Adult day health program	<input type="checkbox"/>	Information/help with safer sex or safer drug use
<input type="checkbox"/>	Benefits counselor (other than case mgr.)	<input type="checkbox"/>	Interpreter services
<input type="checkbox"/>	Case management	<input type="checkbox"/>	Legal assistance
<input type="checkbox"/>	Child care	<input type="checkbox"/>	Massage therapy
<input type="checkbox"/>	Dental care	<input type="checkbox"/>	Medical info about HIV, treatments, etc.
<input type="checkbox"/>	Food bank/receiving free groceries	<input type="checkbox"/>	Mental health counseling or therapy
<input type="checkbox"/>	Help finding low income housing	<input type="checkbox"/>	Naturopathy/herbal medicine/etc.
<input type="checkbox"/>	Help managing drug or alcohol use (harm reduction)	<input type="checkbox"/>	Nutritional counseling
<input type="checkbox"/>	Help quitting drug or alcohol use	<input type="checkbox"/>	One-to-one peer emotional support
<input type="checkbox"/>	Help paying for groceries	<input type="checkbox"/>	Peer or client advocacy (other than case manager)
<input type="checkbox"/>	Help paying for medical insurance	<input type="checkbox"/>	Prescription drug program of WA State
<input type="checkbox"/>	Help paying rent	<input type="checkbox"/>	Skilled nursing facility
<input type="checkbox"/>	Help paying utility bills	<input type="checkbox"/>	Spiritual or religious counseling
<input type="checkbox"/>	Home care worker (paid attendant)	<input type="checkbox"/>	Support groups
<input type="checkbox"/>	Home chore volunteer	<input type="checkbox"/>	Telephone referrals to medical/dental care
<input type="checkbox"/>	Home delivered meals	<input type="checkbox"/>	Transportation/rides
<input type="checkbox"/>	Home nursing or infusion care	<input type="checkbox"/>	Treatment adherence support (help taking HIV meds correctly)

PART 2: WHAT SERVICES ARE MOST IMPORTANT FOR YOUR CLIENTS?

Here is a list of services available to persons living with HIV/AIDS in King County. In thinking about the entire HIV+ client population on your active caseload, which of these services do you consider to be most important for them?

**You may check up to SEVEN (7) of the services listed below.
Please do not check more than seven services.**

	Acupuncture or Chinese medicine		Information/help with safer sex or safer drug use
	Adult day health program		Interpreter services
	Benefits counselor (other than case mgr.)		Legal assistance
	Case management		Massage therapy
	Child care		Medical care (doctor, nurse, etc.)
	Dental care		Medical info about HIV, treatments, etc.
	Food bank/receiving free groceries		Mental health counseling or therapy
	Help finding low income housing		Naturopathy/herbal medicine/etc.
	Help managing drug or alcohol use (harm reduction)		Nutritional counseling
	Help quitting drug or alcohol use		One-to-one peer emotional support
	Help paying for groceries		Peer or client advocacy (other than case manager)
	Help paying for medical insurance		Prescription drug program of WA State
	Help paying rent		Skilled nursing facility
	Help paying utility bills		Spiritual or religious counseling
	Home care worker (paid attendant)		Support groups
	Home chore volunteer		Telephone referrals to medical/dental care
	Home delivered meals		Transportation/rides
	Home nursing or infusion care		Treatment adherence support (help taking HIV meds correctly)
	Hospice care		Other: _____



PART 3: WHAT SERVICES DO YOUR CLIENTS NEED, BUT CAN'T GET?

Now we'd like you to identify the services which a ***substantial number*** of your HIV+ clients need, but are having trouble accessing.

You may check as many boxes as you wish.

<input type="checkbox"/>	Acupuncture or Chinese medicine	<input type="checkbox"/>	Information/help with safer sex or safer drug use
<input type="checkbox"/>	Adult day health program	<input type="checkbox"/>	Interpreter services
<input type="checkbox"/>	Benefits counselor (other than case mgr.)	<input type="checkbox"/>	Legal assistance
<input type="checkbox"/>	Case management	<input type="checkbox"/>	Massage therapy
<input type="checkbox"/>	Child care	<input type="checkbox"/>	Medical care (doctor, nurse, etc.)
<input type="checkbox"/>	Dental care	<input type="checkbox"/>	Medical info about HIV, treatments, etc.
<input type="checkbox"/>	Food bank/receiving free groceries	<input type="checkbox"/>	Mental health counseling or therapy
<input type="checkbox"/>	Help finding low income housing	<input type="checkbox"/>	Naturopathy/herbal medicine/etc.
<input type="checkbox"/>	Help managing drug or alcohol use (harm reduction)	<input type="checkbox"/>	Nutritional counseling
<input type="checkbox"/>	Help quitting drug or alcohol use	<input type="checkbox"/>	One-to-one peer emotional support
<input type="checkbox"/>	Help paying for groceries	<input type="checkbox"/>	Peer or client advocacy (other than case manager)
<input type="checkbox"/>	Help paying for medical insurance	<input type="checkbox"/>	Prescription drug program of WA State
<input type="checkbox"/>	Help paying rent	<input type="checkbox"/>	Skilled nursing facility
<input type="checkbox"/>	Help paying utility bills	<input type="checkbox"/>	Spiritual or religious counseling
<input type="checkbox"/>	Home care worker (paid attendant)	<input type="checkbox"/>	Support groups
<input type="checkbox"/>	Home chore volunteer	<input type="checkbox"/>	Telephone referrals to medical/dental care
<input type="checkbox"/>	Home delivered meals	<input type="checkbox"/>	Transportation/rides
<input type="checkbox"/>	Home nursing or infusion care	<input type="checkbox"/>	Treatment adherence support (help taking HIV meds correctly)
<input type="checkbox"/>	Hospice care	<input type="checkbox"/>	Other: _____

Of your total caseload, what number fall into each of the following demographic categories?

RACE OR ETHNICITY

	African American/Black		Caucasian/White
	Alaska Native		Latino/Latina
	American Indian/Native American		Other
	Asian/Pacific Islander		

PRIMARY LANGUAGE

	English		Other: _____
	Spanish		Other: _____

ANNUAL HOUSEHOLD INCOME (Based on Federal Poverty Level (FPL) Guidelines)

	Under 100% of FPL (under \$8,500)		Between 200% - 300% (\$17,001-\$25,000)
	Between 100% - 200% (\$8,501-\$17,000)		Above 300% (Over \$25,000)

TRANSMISSION CATEGORY

	Gay/bisexual male		Recipient of transfusion or blood products
	Injection drug user		Perinatal (mother with HIV)
	Gay/bi male <u>and</u> injection drug user		Other: _____
	Heterosexual transmission		

OTHER DEMOGRAPHIC INDICATORS

How many of your clients have a history of <u>chemical dependency</u> ?	
How many of your clients have been diagnosed with a <u>mental illness</u> ?	
How many of your clients have been <u>homeless</u> in the past twelve months?	
How many of your clients have been <u>in jail or prison</u> in the past twelve months?	

PART 5:
ARE THERE ANY OTHER COMMENTS
THAT YOU WOULD LIKE TO SHARE WITH US?

Thank you for filling out this survey. We greatly appreciate it. Your responses will help the Planning Council make important funding decisions.

**Please fold and tape your survey closed
and drop it in the mail by December 22, 2000.**